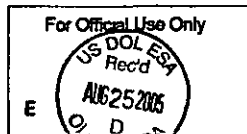


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 13259	2 Fiscal Year Covered From. 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Edwin T Smullen P O Box Bldg Room No if any Street 26705 Sussex Highway City Seaford State Delaware ZIP Code + 4 19973 4409	4 Name file number and address of labor organization Name Plumbers & Pipefitters Local Union 782 Labor Organization File Number 029 117 P O Box Building and Room Number if any Street 26705 Sussex Highway City Seaford State Delaware ZIP Code + 4 19973-4409
5 Position in labor organization Business Mgr /Financial Sec	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name N/A Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed 	On 8/12/2005	302-629-3521
	Date	Telephone Number

Name of Person Filing Edwin Smullen	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name SEI Investments</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P O Box 1100</p> <p>Street 1 Freedom Valley Drive</p> <p>City Oaks</p> <p>State Pennsylvania ZIP Code + 4 19456-1100</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name U A Local 782 Welfare & Pension Funds</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 5708 Limestone Road</p> <p>City Wilmington</p> <p>State Delaware ZIP Code + 4 19808-5299</p>	<p>11 a Nature of such dealing</p> <p>Investment symposium for trustees</p> <p>11 b Approximate dollar value of such dealing \$1 815</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment.</p>

Name of Person Filing Edwin Smullen

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name SEI Investments

Trade Name if any

P O Box Bldg Room No if any P O Box 1100

Street 1 Freedom Valley Drive

City Oaks

State Pennsylvania ZIP Code + 4 19808-1100

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name U A Local 782 Welfare & Pension Funds

Trade Name if any

P O Box Bldg Room No if any

Street 5708 Limestone Road

City Wilmington

State Delaware ZIP Code + 4 19808-5299

11 a Nature of such dealing

Dinner at K Pauls Louisiana Kitchen

11 b Approximate dollar value of such dealing

\$83

12 a Nature of interest held or income received

12 b Amount

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name SEI Investments

Trade Name if any

P O Box Bldg Room No if any P O Box 1100

Street 1 Freedom Valley Drive

City Oaks

State Pennsylvania ZIP Code + 4 19456-1100

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name U A Local 782 Welfare & Pension Funds

Trade Name if any

P O Box Bldg Room No if any

Street 5708 Limestone Road

City Wilmington

State Delaware ZIP Code + 4 19808 5299

11 a Nature of such dealing

Dinner at Stella s

11 b Approximate dollar value of such dealing

\$85

12 a Nature of interest held or income received

12 b Amount